



Office of the
**INDEPENDENT
POLICE AUDITOR**

BAY AREA RAPID TRANSIT DISTRICT

COMPLAINT FORM

Office of the Independent Police Auditor

300 Lakeside Drive, 14th Floor

Oakland, CA 94612

Phone: (510) 874-7477 Fax: (510) 874-7475

Date Received: _____

OIPA CASE #: _____

1 About You

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Primary Phone: () _____ Alt. Phone: () _____

Best time to contact you: _____ E-mail Address: _____

Gender: _____ Age: _____

Ethnicity: ☐ Asian ☐ Black/African American ☐ Caucasian
☐ Hispanic/Latino ☐ Multiethnic: _____ ☐ Other: _____

Are you: ☐ a Victim, ☐ a Witness, or ☐ a Reporting Party who was not involved in this incident

2 About the Incident

Location of Incident: _____
(Please be as descriptive as possible - any information listed may prove helpful in investigating your complaint.)

Date & Time of Incident: _____

Were you injured? ☐ Yes ☐ No If yes, please describe your injuries: _____

Were you treated by a medical professional? ☐ Yes ☐ No

Were you arrested? ☐ Yes ☐ No Are criminal charges pending? ☐ Yes ☐ No

Are you represented by legal counsel with regard to this incident? ☐ Yes ☐ No

If yes, please supply contact information for your attorney: _____

3

VICTIM / WITNESS INFORMATION

Name	Victim / Witness (choose one)	Address	Phone Number

4

INVOLVED POLICE OFFICER INFORMATION	
Officer Name	
Officer ID	
Officer Unit	
Officer Status	
Officer Signature	
Officer Date	

Badge #	Name	Sex	Race	Physical Description

Were any of the officers in a police car? ☐ Yes ☐ No

If yes, please provide any identifying information that you have about the car(s): _____

5

Please describe the incident that forms the basis of your complaint. The more detail you are able to supply, the better equipped an investigator will be to conduct a thorough investigation. Use additional pages if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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CERTIFICATION

I hereby certify that, to the best of my knowledge, all of the information included on this complaint form is true.

Signature of Complainant

Date